

Intake Application for Greater Miami Service Corps

DEMOGRAPHICS SECTION	
First Name	
Middle Initial	
Last Name	
Suffix	
Address 1	
Address 2	
*ZipCode	
E-Mail	
*Referral Source	
SSN	
*DOB	
*Gender	
Marital Status	
*Home Phone	
Work Phone	
Ext	
Cell Phone	
*Race	
<input type="checkbox"/> Asian	<input type="checkbox"/> Black (Non-Hispanic)
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American
<input type="checkbox"/> other	<input type="checkbox"/> White
*Ethnicity	
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> American Indian
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Black
<input type="checkbox"/> Bolivian	<input type="checkbox"/> Cambodian
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Central American
<input type="checkbox"/> Chinese	<input type="checkbox"/> Colombian
<input type="checkbox"/> Costarican	<input type="checkbox"/> Cuban
<input type="checkbox"/> Dominican	<input type="checkbox"/> Ecuadorian
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Haitian/Creole	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hmong
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Laotian	<input type="checkbox"/> Mexican
<input type="checkbox"/> Nicarigua	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Other	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Panamanian

* A demographic with an asterisk is a required field.

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<input type="checkbox"/> Peruvian	<input type="checkbox"/> Philippino
<input type="checkbox"/> Polynesian	<input type="checkbox"/> Puertorican
<input type="checkbox"/> Salvadorian	<input type="checkbox"/> Samoan
<input type="checkbox"/> South American	<input type="checkbox"/> Venezuelian
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> White
<input type="checkbox"/> White-Armenian	<input type="checkbox"/> White-Central American
<input type="checkbox"/> White-European	<input type="checkbox"/> White-Middle Eastern
<input type="checkbox"/> White-Romanian	

*Are you a US Citizen?

☐Yes☐ No

*How many children do you have?

*How many people live in your household?

*Who lives in your household?

<input type="checkbox"/> Brother(s) or Sister(s)	<input type="checkbox"/> Father
<input type="checkbox"/> Mother	<input type="checkbox"/> Other Female Adult (21 or older)
<input type="checkbox"/> Other Male Adult (21 or older)	<input type="checkbox"/> Other Person (younger than 21)
<input type="checkbox"/> Stephfather, Foster Father, or Male Guardian	<input type="checkbox"/> Stepmother, Foster Mother, or Female Guardian

*Household income before taxes

<input type="checkbox"/> \$25,001-30,000	<input type="checkbox"/> \$30,001-35,000
<input type="checkbox"/> \$35,001-40,000	<input type="checkbox"/> \$5000-10,000
<input type="checkbox"/> 0-\$5000	<input type="checkbox"/> 10,001-15,000
<input type="checkbox"/> 15,001-20,000	<input type="checkbox"/> 20,001-25,000
<input type="checkbox"/> Don't know	<input type="checkbox"/> More then \$40,000

*Have you ever been arrested?

☐Yes☐ No

*Are you currently on parole or probation?

☐Yes☐ No

Entitlement area

☐Yes☐ No

Female Head of Household

☐Yes☐ No

*Emergency Contact

*Emergency Phone

*Emergency Relationship

<input type="checkbox"/> Aunt	<input type="checkbox"/> Boyfriend
<input type="checkbox"/> Brother	<input type="checkbox"/> Cousin
<input type="checkbox"/> Father	<input type="checkbox"/> Friend
<input type="checkbox"/> Girlfriend	<input type="checkbox"/> Grandfather
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Mother
<input type="checkbox"/> Other	<input type="checkbox"/> Sister
<input type="checkbox"/> Spouse	<input type="checkbox"/> Uncle

*Have you ever been in Foster Care?

☐Yes☐ No

*Are you receiving public assistance?

☐Yes☐ No

*Type of Public Assistance

<input type="checkbox"/> TANF	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other

*Please describe other type of assistance.

*Do you still need to take the FCAT?

☐Yes☐ No

Applicant Signature: _____ Date: _____

GMSC Intake Staff Signature: _____